

PART B - FEE(S) TRANSMITTAL

AUG 8 2005

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7590

05/03/2005

SOFER & HAROUN, L.L.P.

Suite 910

317 Madison Avenue

New York, NY 10017

08/09/2005 HVUONG2 00000071 10650359

01 FC:1504

300.00 OP

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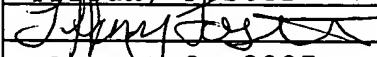
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Tiffany Foster

(Depositor's name)



(Signature)

August 2, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/650,359	08/27/2003	Per Thomassen	979-029	6687

TITLE OF INVENTION: METHOD FOR MANUFACTURING AN ELECTRICAL CABLE SYSTEM COMPRISING AN ELECTRICAL CABLE CONTAINING A CONDUCTOR CORE AND FOR INSTALLING SAID ELECTRICAL CABLE SYSTEM OVER A LONGITUDINALLY EXPANDABLE-CONTRACTIBLE ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALBERG, TERESA J	3753	219-535000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Sofer & Haroun, LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NEXANS

Paris, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Joseph Sofer

Registration No. 34,438

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